

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11640

State File No.

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| BIRTH NO. | | REG. DIST. NO. <u>107</u> | | PRIMARY REG. DIST. NO. <u>3019</u> | | Registrar's No. <u>52</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u> | | c. LENGTH OF STAY (in this place) <u>4 yrs</u> | | c. CITY OR TOWN <u>Kennett</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Veterans Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>406 West 6th St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>Abernathy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26-1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Sept. 16-1872</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Scott County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Franklin K. Abernathy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hanna Davenport</u> | | 14. NAME OF HUSBAND OR WIFE <u>X</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Fisher Piggott Ark</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>12 days</u> , 19 <u>54</u> to <u>26 days</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>26 days</u> , 19 <u>54</u> and that death occurred at <u>9:15 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>James B. Bower M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Kennett Mo.</u> | | 23c. DATE SIGNED <u>28 days</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-28-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-28-54</u> | | REGISTRAR'S SIGNATURE <u>Carl H. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leah ...</u> | | ADDRESS <u>Kennett, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COU
DEPARTMENT 4-2
COUNTY FILE NUMBER..

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar Lee D. Jones*

Licensed Embalmer No. 44

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.